STATEMENT OF

FORM 1	ORGANIZATION					Office Use Only	,
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Examp over th	e:If typing, type e lines.	12FE4M		
LOUISIAN	A HORSI	ASSOCI	ATION	1 1 1 1 1 1			
ADDRESS (number an	d street) 15	604 S. Hou	ston St	reet	11111		
(Check if ad is changed)		aufman			TX	75142	J-LJ
			CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MAI	address	ease provide only ond uisianahor		•	gmail.co	om	
COMMITTEE'S WEB (Check if a is changed	address	s (URL) uisianahor	seasso	ciation.tu	mþlr.co	M	
2. DATE 10	9'	2012					
3. FEC IDENTIFIC	ATION NUMBE	R C	005271	68			
4. IS THIS STATEM	MENT N	IEW (N) OR	\boxtimes	AMENDED (A)			صر المسارة الم
I certify that I have e	xamined this Sta	tement and to the b	est of my kno	wledge and belief	it is true, corre	ect and complete.	
Type or Print Name of	of Treasurer	ulie Caran	nante			····	
Signature of Treasure	· Ju	lie Ca	ramo	ante	Date 1	0 (09	2012
NOTE: Submission of f		r incomplete informati					2 U.S.C. §437g.
Office Use			Fo Fe	or further information deral Election Commis II Free 800-424-9530	contact:	FEC F(